

WHIMSPIRE
Authorization to Provide Emergency Health Care

County/Tribe: _____

I, _____ of _____ County/Tribal
Department of Social Services, have responsibility for the foster care placement of

_____ by virtue of:
(name of youth)

_____ A court order giving the County/Tribal Department guardianship;

_____ A court order giving the County/Tribal Department legal custody; or

_____ A placement contract with the parent(s) of said youth.

I do hereby authorize WhimSpire, Inc. Child Placement Agency and their Family Care
Provider(s) providing care for said youth, to:

1) ordinary medical and dental care; and, 2) to consent to any emergency surgical and dental
treatment for said youth after having made reasonable effort to contact the County/Tribal
Department to obtain its consent.

WhimSpire, Inc. is required to maintain a complete record of all medical and surgical services
provided and drugs administered to the above named youth.

WhimSpire, Inc. will provide an up-to-date copy of the above medical record to the
County/Tribal Department at time of submittal of each progress report including the progress
report submitted at the time of the youth's termination from the facility's care.

This authorization shall be in effect during the period of time the child is in the care of the
facility.

County/Tribal Department of Social Services

Date

WhimSpire Staff

Date

cc: Youth File
FCP File